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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	LIT-PI-344.2
	First Named Inventor	W. Alan Propp
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM CONFIGURED FOR APPLYING MULTIPLE MODIFYING AGENTS TO A SUBSTRATE

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **09/27/00** as United States Application Number or PCT International

Application Number **09/671,459** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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Date of Deposit

1-4-01

Patricia Buttkofer

Type or print name of person mailing paper

Patricia Buttkofer

Signature of person mailing paper

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number → Place Customer Number Bar Code Label here
OR
☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
W. Gary Goodson	22,387		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	W. Gary Goodson				
Address	Bechtel BWXT Idaho, LLC				
Address	P. O. Box 1625				
City	Idaho Falls	State	ID	ZIP	83415-3899
Country	US	Telephone	208-526-9469	Fax	208-526-8339

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
W. Alan		Propp	
Inventor's Signature	<i>William Alan Propp</i>		Date
Residence: City	Idaho Falls	State	ID
		Country	US
Post Office Address	781 Brandon Drive		
Post Office Address			
City	Idaho Falls	State	ID
		ZIP	83402
		Country	US

☐ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Mark D.				Argyle			
Inventor's Signature	<i>Mark D Argyle</i>					Date	11-14-00
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address 2040 Tiffany Drive							
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Stuart K.				Janikowski			
Inventor's Signature	<i>Stuart K. Janikowski</i>					Date	12-9-00
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address 314 11th Street							
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Robert V.				Fox			
Inventor's Signature	<i>Robert V Fox</i>					Date	12/4/00
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address 3688 Woodhaven Lane							
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
William J.				Toth			
Inventor's Signature	<i>William J. Toth</i>			Date	12/4/00		
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address	1272 Tipperary Court						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Daniel M.				Ginosar			
Inventor's Signature	<i>Daniel M. Ginosar</i>			Date	12/4/00		
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address	915 Pescadero Place						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Charles A.				Allen			
Inventor's Signature	<i>Charles A. Allen</i>			Date	12/04/2000		
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address	3030 Sandstone						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83404	Country	US

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
David L.				Miller			
Inventor's Signature	David L. Miller			Date	12/4/00		
Residence: City	Idaho Falls	State	ID	Country	US	Citizenship	US
Post Office Address	2187 Brentwood Drive						
Post Office Address							
City	Idaho Falls	State	ID	ZIP	83402	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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